

**Amended Statement Cover**

Per NAIC file was corrupt.

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2016

OF THE CONDITION AND AFFAIRS OF THE

McLAREN HEALTH PLAN, INC

NAIC Group Code

4700

(Current Period)

4700

(Prior Period)

NAIC Company Code

95562

Employer's ID Number

38-3252216

Organized under the Laws of

Michigan

State of Domicile or Port of Entry

Michigan

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health[ ]

Property/Casualty[ ]

Hospital, Medical & Dental Service or Indemnity[ ]

Dental Service Corporation[ ]

Vision Service Corporation[ ]

Health Maintenance Organization[X]

Other[ ]

Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized

09/12/1997

Commenced Business

08/01/1998

Statutory Home Office

G-3245 Beecher Rd.

(Street and Number)

FLINT, MI, US 48532

(City or Town, State, Country and Zip Code)

Main Administrative Office

G-3245 Beecher Rd.

(Street and Number)

FLINT, MI, US 48532

(City or Town, State, Country and Zip Code)

(810)733-9723

(Area Code) (Telephone Number)

Mail Address

G-3245 Beecher Rd.

(Street and Number or P.O. Box)

FLINT, MI, US 48532

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

G-3245 Beecher Rd.

(Street and Number)

FLINT, MI, US 48532

(City or Town, State, Country and Zip Code)

(810)733-9723

(Area Code) (Telephone Number)

Internet Web Site Address

www.mclarenhealthplan.org

Statutory Statement Contact

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(Name)

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(810)733-9723

(Area Code)(Telephone Number)(Extension)

(810)733-9652

(Fax Number)

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman
PATRICK HAYES	Secretary
DAVE MAZURKIEWICZ	Treasurer
CAROL SOLOMON	Assistant Treasurer
KATHLEEN KUDRAY D.O.	Chief Medical Officer

OTHERS

DIRECTORS OR TRUSTEES

KATHY KENDALL

PATRICK HAYES

LAKISHA ATKINS

KEVIN TOMPKINS

DAVE MAZURKIEWICZ

State of

Michigan

County of

Genesee

ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
KATHY KENDALL	DAVE MAZURKIEWICZ	CAROL SOLOMON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this

day of

, 2016

a. Is this an original filing?

b. If no,

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes[X] No[ ]

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(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds .....				
2.	Stocks:				
2.1	Preferred stocks .....				
2.2	Common stocks .....	40,956,274		40,956,274	27,544,124
3.	Mortgage loans on real estate:				
3.1	First liens .....				
3.2	Other than first liens .....				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances) .....	2,823,985		2,823,985	2,377,993
4.2	Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3	Properties held for sale (less \$.....0 encumbrances) .....				
5.	Cash (\$.....61,322,278), cash equivalents (\$.....0) and short-term investments (\$.....95,576,339) .....	156,898,618		156,898,618	190,373,629
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives .....				
8.	Other invested assets .....				
9.	Receivables for securities .....				
10.	Securities lending reinvested collateral assets .....				
11.	Aggregate write-ins for invested assets .....	8,917,736	8,001,367	916,369	272,973
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	209,596,613	8,001,367	201,595,245	220,568,720
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	42,933		42,933	15,223
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	1,278,540	105,600	1,172,941	1,488,753
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) .....				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers .....	1,054,600		1,054,600	1,919,503
16.2	Funds held by or deposited with reinsured companies .....				
16.3	Other amounts receivable under reinsurance contracts .....				
17.	Amounts receivable relating to uninsured plans .....				
18.1	Current federal and foreign income tax recoverable and interest thereon .....				
18.2	Net deferred tax asset .....				
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....	4,503,083	4,040,061	463,021	252,276
21.	Furniture and equipment, including health care delivery assets (\$.....0) .....	606,944	606,944		
22.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....	1,858,431	11,879	1,846,552	1,626,798
24.	Health care (\$.....3,388,163) and other amounts receivable .....	3,736,453	348,290	3,388,163	5,664,964
25.	Aggregate write-ins for other-than-invested assets .....				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	222,677,597	13,114,141	209,563,455	231,536,237
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	222,677,597	13,114,141	209,563,455	231,536,237
DETAILS OF WRITE-INS					
1101.	INVENTORY .....	14,772	14,772		
1102.	DEFERRED CHARGES EQUIP FEES .....	2,112,663	2,112,663		
1103.	PREPAID EXPENSES .....	623,334	623,334		
1198.	Summary of remaining write-ins for Line 11 from overflow page .....	6,166,968	5,250,599	916,369	272,973
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	8,917,736	8,001,367	916,369	272,973
2501.	.....				
2502.	.....				
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page .....				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

**LIABILITIES, CAPITAL AND SURPLUS**

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	106,798,204		106,798,204	126,278,110
2.	Accrued medical incentive pool and bonus amounts .....	2,716,542		2,716,542	3,064,853
3.	Unpaid claims adjustment expenses .....	2,205,305		2,205,305	2,205,305
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	1,908,401		1,908,401	1,500,000
5.	Aggregate life policy reserves .....				
6.	Property/casualty unearned premium reserve .....				
7.	Aggregate health claim reserves .....				963,548
8.	Premiums received in advance .....	2,749,551		2,749,551	10,046,827
9.	General expenses due or accrued .....	10,338,068		10,338,068	10,901,009
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				
10.2	Net deferred tax liability .....				
11.	Ceded reinsurance premiums payable .....	99,539		99,539	99,539
12.	Amounts withheld or retained for the account of others .....	153,194		153,194	277,299
13.	Remittances and items not allocated .....				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15.	Amounts due to parent, subsidiaries and affiliates .....	3,290,894		3,290,894	4,166,300
16.	Derivatives .....				
17.	Payable for securities .....				
18.	Payable for securities lending .....				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20.	Reinsurance in unauthorized and certified (\$.....0) companies .....				
21.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
22.	Liability for amounts held under uninsured plans .....				
23.	Aggregate write-ins for other liabilities (including \$.....0 current) .....				1,186,923
24.	Total liabilities (Lines 1 to 23) .....	130,259,699		130,259,699	160,689,713
25.	Aggregate write-ins for special surplus funds .....	X X X	X X X		
26.	Common capital stock .....	X X X	X X X		
27.	Preferred capital stock .....	X X X	X X X		
28.	Gross paid in and contributed surplus .....	X X X	X X X	1,140,000	1,140,000
29.	Surplus notes .....	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31.	Unassigned funds (surplus) .....	X X X	X X X	78,163,757	69,706,525
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	79,303,757	70,846,525
34.	Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	209,563,455	231,536,237
DETAILS OF WRITE-INS					
2301.	RISK ADJUSTMENT PAYABLE - SMALL GROUP .....				666,402
2302.	RISK ADJUSTMENT PAYABLE - INDIVIDUALS .....				167,946
2303.	RISK CORRIDOR PAYABLE .....				352,575
2398.	Summary of remaining write-ins for Line 23 from overflow page .....				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				1,186,923
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

**STATEMENT OF REVENUE AND EXPENSES**

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months .....	X X X .....	1,803,688	1,782,979	2,392,366
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	710,922,870	661,128,120	904,473,002
3.	Change in unearned premium reserves and reserves for rate credits .....	X X X .....			
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....			
5.	Risk revenue .....	X X X .....			
6.	Aggregate write-ins for other health care related revenues .....	X X X .....	(1,614,266)	(1,348,656)	(1,854,617)
7.	Aggregate write-ins for other non-health revenues .....	X X X .....			
8.	Total revenues (Lines 2 to 7) .....	X X X .....	709,308,605	659,779,465	902,618,385
<b>Hospital and Medical:</b>					
9.	Hospital/medical benefits .....		495,232,804	452,754,756	620,612,122
10.	Other professional services .....		6,202,056	12,890,751	15,178,895
11.	Outside referrals .....				
12.	Emergency room and out-of-area .....		30,034,989	25,999,353	34,142,469
13.	Prescription drugs .....		98,543,637	90,112,388	123,281,786
14.	Aggregate write-ins for other hospital and medical .....				
15.	Incentive pool, withhold adjustments and bonus amounts .....		705,084	807,735	1,866,250
16.	Subtotal (Lines 9 to 15) .....		630,718,571	582,564,983	795,081,521
<b>Less:</b>					
17.	Net reinsurance recoveries .....		2,280,815	1,367,491	3,733,710
18.	Total hospital and medical (Lines 16 minus 17) .....		628,437,756	581,197,492	791,347,811
19.	Non-health claims (net) .....				
20.	Claims adjustment expenses, including \$.....1,072,843 cost containment expenses .....		5,646,542	5,828,422	7,433,342
21.	General administrative expenses .....		62,701,143	59,381,344	79,606,333
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....		(963,548)	(300,000)	172,257
23.	Total underwriting deductions (Lines 18 through 22) .....		695,821,893	646,107,257	878,559,743
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	13,486,711	13,672,208	24,058,641
25.	Net investment income earned .....		(153,693)	(529,479)	(700,222)
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....		6	8	7
27.	Net investment gains or (losses) (Lines 25 plus 26) .....		(153,687)	(529,471)	(700,215)
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29.	Aggregate write-ins for other income or expenses .....				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X .....	13,333,024	13,142,737	23,358,426
31.	Federal and foreign income taxes incurred .....	X X X .....			
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	13,333,024	13,142,737	23,358,426
<b>DETAILS OF WRITE-INS</b>					
0601.	MPCA .....	X X X .....	(1,614,266)	(1,348,656)	(1,854,617)
0602.	.....	X X X .....			
0603.	.....	X X X .....			
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....	(1,614,266)	(1,348,656)	(1,854,617)
0701.	.....	X X X .....			
0702.	.....	X X X .....			
0703.	.....	X X X .....			
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....			
1401.	.....				
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page .....				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901.	LOSS ON SALE OF EQUIPMENT .....				
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page .....				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>				
33.	Capital and surplus prior reporting year .....	70,846,525	51,912,293	51,912,293
34.	Net income or (loss) from Line 32 .....	13,333,024	13,142,737	23,358,426
35.	Change in valuation basis of aggregate policy and claim reserves .....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....	(1,786,912)	(287,854)	(212,384)
37.	Change in net unrealized foreign exchange capital gain or (loss) .....			
38.	Change in net deferred income tax .....			
39.	Change in nonadmitted assets .....	(3,088,880)	292,281	(4,211,810)
40.	Change in unauthorized and certified reinsurance .....			
41.	Change in treasury stock .....			
42.	Change in surplus notes .....			
43.	Cumulative effect of changes in accounting principles .....			
44.	Capital Changes:			
44.1	Paid in .....			
44.2	Transferred from surplus (Stock Dividend) .....			
44.3	Transferred to surplus .....			
45.	Surplus adjustments:			
45.1	Paid in .....			
45.2	Transferred to capital (Stock Dividend) .....			
45.3	Transferred from capital .....			
46.	Dividends to stockholders .....			
47.	Aggregate write-ins for gains or (losses) in surplus .....			
48.	Net change in capital and surplus (Lines 34 to 47) .....	8,457,232	13,147,164	18,934,232
49.	Capital and surplus end of reporting period (Line 33 plus 48) .....	79,303,757	65,059,457	70,846,525
<b>DETAILS OF WRITE-INS</b>				
4701.	PENSION RELATED COSTS OTHER THAN NET PERIODIC PENSION COSTS .....			
4702.	SURPLUS ADJUSTMENT RELATING TO CARESOURCE MICHIGAN PURCHASE .....			
4703.	.....			
4798.	Summary of remaining write-ins for Line 47 from overflow page .....			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			

STATEMENT AS OF **September 30, 2016** OF THE **McLAREN HEALTH PLAN, INC**

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance .....	704,668,934	669,587,871	913,417,617
2.	Net investment income .....	(181,403)	(526,664)	(708,782)
3.	Miscellaneous income .....	(1,599,791)	(1,334,403)	(1,853,358)
4.	TOTAL (Lines 1 to 3) .....	702,887,740	667,726,804	910,855,477
5.	Benefit and loss related payments .....	645,482,604	569,884,848	758,598,261
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	68,910,626	56,520,454	88,764,562
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			
10.	TOTAL (Lines 5 through 9) .....	714,393,230	626,405,302	847,362,823
11.	Net cash from operations (Line 4 minus Line 10) .....	(11,505,489)	41,321,502	63,492,654
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....		313,857	310,000
12.2	Stocks .....	3,898		5,148
12.3	Mortgage loans .....			
12.4	Real estate .....			
12.5	Other invested assets .....			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....			(3,621,923)
12.7	Miscellaneous proceeds .....		788,240	
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7) .....	3,898	1,102,097	(3,306,775)
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....		219,727	
13.2	Stocks .....	15,202,954		306,773
13.3	Mortgage loans .....			
13.4	Real estate .....	644,378	28,791	304,752
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....	3,039,807		
13.7	TOTAL investments acquired (Lines 13.1 to 13.6) .....	18,887,140	248,518	611,525
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(18,883,242)	853,579	(3,918,300)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....			
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			
16.6	Other cash provided (applied) .....	(3,086,280)	(1,524,549)	1,033,278
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(3,086,280)	(1,524,549)	1,033,278
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(33,475,011)	40,650,532	60,607,632
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	190,373,629	129,765,997	129,765,997
19.2	End of period (Line 18 plus Line 19.1) .....	156,898,618	170,416,529	190,373,629

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	203,942	7,331	21,427					145	175,039	
2. First Quarter .....	204,712		17,762					369	186,581	
3. Second Quarter .....	202,721		14,521					397	187,803	
4. Third Quarter .....	193,130		8,725					409	183,996	
5. Current Year .....										
6. Current Year Member Months .....	1,803,688		132,419					3,497	1,667,772	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	1,170,645		77,218					2,288	1,091,139	
8. Non-Physician .....	242,338		13,210					479	228,649	
9. Total .....	1,412,983		90,428					2,767	1,319,788	
10. Hospital Patient Days Incurred .....	530,860		4,486					511	525,863	
11. Number of Inpatient Admissions .....	64,656		1,083					100	63,473	
12. Health Premiums Written (a) .....	710,922,870	1,206,753	44,086,230					3,504,007	662,125,880	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	710,922,870	1,206,753	44,086,230					3,504,007	662,125,880	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	647,917,662	261,537	49,321,192					3,332,873	595,002,060	
18. Amount Incurred for Provision of Health Care Services .....	630,718,571	(185,892)	42,709,802					3,864,807	584,329,854	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....3,504,007.



**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
<b>Claims unpaid (Reported)</b>						
Battle Creek Dialysis .....					35,704	35,704
Bloomfield Hills Home Dialysis .....	12,545				11,580	24,125
CASS CITY DIALYSIS .....					50,012	50,012
Coram Specialty Infusion - Novi .....	17,116				35,213	52,329
Covenant Medical Center - Hospital .....	181,580					181,580
DMC Childrens Hospital of Michigan .....	24,403				47,699	72,102
Fresenius Medical Care Lansing West .....					16,552	16,552
Henry Ford Hospital - Detroit .....	61,715				24,146	85,861
Henry Ford Hospital - West Bloomfield .....	44,157					44,157
Hurley Medical Center .....	94,340				10,914	105,254
Josip Petani MD .....					11,861	11,861
McLaren Flint Hospital .....	25,078				10,517	35,595
MCLAREN REGIONAL MED .....	66,830					66,830
Metropolitan Hospital - SNF .....	11,392					11,392
Munson Medical Center .....	88,293	11,865				100,158
Sparrow Hospital .....	654,856					654,856
SPECTRUM HEALTH BLOD .....		22,878				22,878
Spectrum Health Hospitals Blodgett .....	197,060	226,390			45,156	468,606
St Anthony Memorial Health Center .....	12,553					12,553
St John Macomb Oakland Hosp - Warren .....	10,769					10,769
ST JOSEPH MERCY OAKL .....					11,790	11,790
St Joseph Mercy Oakland .....	25,787					25,787
University of Michigan .....	207,507				51,898	259,405
University of Michigan - Rehab Unit .....	48,186					48,186
West Branch Regional Medical Ctr .....	76,349					76,349
William Beaumont Hospital Royal Oak .....	48,331					48,331
William Beaumont Hospital Troy .....	38,344					38,344
0199999 Individually Listed Claims Unpaid .....	1,947,191	261,133			363,042	2,571,366
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	30,946,339	3,837,656	5,786,035	4,248,385	15,146,526	59,964,941
0499999 Subtotals .....	32,893,530	4,098,789	5,786,035	4,248,385	15,509,568	62,536,307
0599999 Unreported claims and other claim reserves .....						44,261,894
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						106,798,201
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						2,716,542

**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1.	Comprehensive (hospital & medical) .....	12,141,351	38,404,926	3,190,872	2,551,728	15,332,223	15,332,223
2.	Medicare Supplement .....						
3.	Dental only .....						
4.	Vision only .....						
5.	Federal Employees Health Benefits Plan .....						
6.	Title XVIII - Medicare .....	273,553	3,059,657	8,575	805,487	282,128	282,128
7.	Title XIX - Medicaid .....	93,106,908	501,189,731	18,454,835	81,786,709	111,561,742	111,627,308
8.	Other health .....						
9.	Health subtotal (Lines 1 to 8) .....	105,521,812	542,654,314	21,654,281	85,143,924	127,176,093	127,241,658
10.	Healthcare receivables (a) .....						
11.	Other non-health .....						
12.	Medical incentive pools and bonus amounts .....	1,053,394		1,966,805	749,737	3,020,199	3,064,853
13.	Totals (Lines 9 - 10 + 11 + 12) .....	106,575,206	542,654,314	23,621,086	85,893,661	130,196,292	130,306,511

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

The accompanying statutory financial statements of McLaren Health Plan, Inc. (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”).

DIFS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by DIFS for the periods ending September 30, 2016 and December 31, 2015 is as follows:

	Description	State of Domicile	2016	2015
Net Income				
1	State Basis	MI	13,333,024	23,358,426
2	State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
3	State Permitted Practices that increase/(decrease) NAIC SAP		-	-
4	NAIC SAP	MI	13,333,024	23,358,426
Surplus				
5	State Basis	MI	79,303,717	70,846,525
6	State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
7	State Permitted Practices that increase/(decrease) NAIC SAP		-	-
8	NAIC SAP	MI	79,303,717	70,846,525

2. Accounting Changes and Corrections of Errors

No Significant Change

3. Business Combinations and Goodwill

No Significant Change

4. Discontinued Operations

No Significant Change

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans: N/A
- B. Debt Restructuring: N/A
- C. Reverse Mortgages: N/A
- D. Loan-Backed Securities: N/A
- E. Repurchase Agreements and/or Securities Lending Transactions: N/A
- F. Real Estate: N/A
- G. For Investments in Low-Income Housing Tax Credits (LIHTC): N/A
- H. Restricted Assets:

Restricted Asset Category		Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percent Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown						
b.	Collateral held under security lending agreements						
c.	Subject to repurchase agreements						
d.	Subject to reverse repurchase agreements						
e.	Subject to dollar repurchase agreements						
f.	Subject to dollar reverse repurchase agreements						
g.	Placed under option contracts						
h.	Letter stock or securities restricted as to sale						
i.	On deposit with states	1,219,387	1,217,563	1,825	1,219,387	0.548	0.582
j.	On deposit with other regulatory bodies						
k.	Pledged as collateral not captured in other categories						
l.	Other restricted assets						
m.	Total Restricted Assets	1,219,387	1,217,563	1,825	1,219,387	0.548	0.582

**Notes to Financial Statement**

- I. Working Capital Finance Investments: N/A
- J. Offsetting and Netting of Assets and Liabilities: N/A
- K. Structured Notes: N/A

6. Joint Ventures, Partnerships and Limited Liability Companies  
No Significant Change

7. Investment Income  
No Significant Change

8. Derivative Investments  
No Significant Change

9. Income Taxes  
No Significant Change

10. Information Concerning Parent, Subsidiaries and Affiliates

A. No Significant Change

B. No Significant Change

C. No Significant Change

D. Due from Affiliates: \$1,846,552 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Due to Affiliates: \$3,290,894 amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.

E. Guarantees or undertakings: No Change

F. Management Agreements between:

(1) **McLaren Health Plan and McLaren Health Care Corporation (MHCC):** There are 3 agreements between McLaren Health Plan and McLaren Health Care Corporation:

The Management agreement states McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan. Amount for January-September 2016 = \$4,824,909

The Service Agreement states MHCC agrees to provide a Leased Employee to perform certain operational, personnel services, and other resources to MHP.

The Management Agreement states McLaren Health Plan agrees to provide certain operational services and other resources to McLaren Health Care Corporation.  
Amount for January- September 2016 = \$997,500

(2) **McLaren Health Plan and McLaren Regional Medical Center (MRMC):**  
MRMC agrees to provide certain accounting / resource services to McLaren Health Plan. Amount for January- September 2016 = \$9,708

(3) **McLaren Health Plan and Anthelio HealthCare Solutions:**  
Anthelio HealthCare Solutions agrees to provide certain information technology and telephony services to McLaren Health Plan. Amount for January- September 2016 = \$330,418

(4) **McLaren Health Plan and Health Advantage (HA):**

**Notes to Financial Statement**

McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HA. Amount for January – September 2016 = \$8,421,607

- (5) **McLaren Health Plan and McLaren Medical Group:**  
McLaren Medical Group agrees to provide the services of the Physician to serve as the Chief Medical Officer for McLaren Health Plan.

- G. No Significant Change
- H. No Significant Change
- I. No Significant Change
- J. No Significant Change
- K. No Significant Change
- L. No Significant Change

- 11. Debt  
No Significant Change
- 12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans  
No Significant Change
- 13. Capital and Surplus, Shareholders Dividend Restrictions and Quasi-Reorganizations  
No Significant Change
- 14. Contingencies  
No Significant Change
- 15. Leases  
No Significant Change
- 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk  
No Significant Change
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities  
No Significant Change
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
  - A. ASO plans – N/A
  - B. ASC plans – N/A
  - C. Medicare or similarly structured cost based reimbursed contracts
    - 1.
      - a. No Significant Change.
      - b. No Significant Change.
      - c. No Significant Change
      - d. No Significant Change.
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators  
No Significant Change
- 20. Fair Value Measurement
  - A. Fair Value Measurements: N/A
  - B. Other Fair Value Information: N/A
  - C. Fair Value of Financial Instruments: N/A
  - D. Not Practicable to Estimate Fair Value: N/A
- 21. Other Items:
  - A. No Significant Change
  - B. No Significant Change

Notes to Financial Statement

C. Short-term investments in the amount of \$1,219,387 as of 09/30/16 are on deposit with the State of Michigan Treasury in a safekeeping account as required by regulation.

22. Events Subsequent  
No Significant Change

23. Reinsurance  
No Significant Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination  
1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions – Yes  
2.

IMPACT OF RISK-SHARING PROVISIONS OF THE ACA			
			<u>AMOUNT</u>
Permanent ACA Risk Adjustment Program			
	Assets		
		Premium adjustments receivable due to ACA Risk Adjustment	\$ 650,460.53
	Liabilities		
		Risk adjustment user fees payable for ACA Risk Adjustment	\$ 676.00
		Premium adjustments payable due to ACA Risk Adjustment	\$ -
	Operations (Revenue & Expense)		
		Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ -
		Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 676.00
Transitional ACA Reinsurance Program			
	Assets		
		Amounts recoverable for claims paid due to ACA Reinsurance	\$ 139,776.35
		Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
		Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
	Liabilities		
		Liabilities for contribution payable due to ACA Reinsurance - not reported as ceded premium	\$ -
		Ceded reinsurance premiums payable due to ACA Reinsurance	\$ 99,539.00
		Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
	Operations (Revenue & Expense)		
		Ceded reinsurance premiums due to ACA Reinsurance	\$ 99,539.00
		Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ 139,776.35
		ACA Reinsurance contributions - not reported as ceded premium	\$ -
Temporary ACA Risk Corridors Program			
	Assets		
		Accrued retrospective premium due to ACA Risk Corridors	\$ 1,807.65
	Liabilities		
		Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
	Operations (Revenue & Expense)		
		Effect of ACA Risk Corridors on net premium income (paid/received)	\$ -
		Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

Notes to Financial Statement

3.

ROLL-FORWARD OF PRIOR YEAR ACA RISK-SHARING PROVISIONS												
		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
						1	2	3	4	5	6	7
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
Permanent ACA Risk Adjustment Program												
	Premium adjustments receivable									A		
	Premium adjustments (payable)									B		
	Subtotal ACA Permanent Risk Adjustment Program											
Transitional ACA Reinsurance Program												
	Amounts recoverable for claims paid									C		
	Amounts recoverable for claims unpaid (contra liability)									D		
	Amounts receivable relating to uninsured plans									E		
	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium									F		
	Coded reinsurance premiums payable									G		
	Liability for amounts held under uninsured plans									H		
	Subtotal ACA Transitional Reinsurance Program											
Temporary ACA Risk Corridors Program												
	Accrued retrospective premium									I		
	Reserve for rate credit or policy experience rating refunds									J		
	Subtotal ACA Risk Corridors Program											
Total for ACA Risk Sharing Provisions												
Explanations of Adjustments												
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												

25. Change in Incurred Claims and Claim Adjustment Expenses  
No Significant Change
26. Intercompany Pooling Arrangements  
No Significant Change
27. Structured Settlements  
No Significant Change
28. Health Care Receivables  
A.

Notes to Financial Statement

*Section ID	Quarter	Estimated pharmacy rebates reported	Pharmacy rebates as billed	Actual rebates received <= 90 days	Actual rebates received 91 - 180 days	Actual rebates received > 180 days	Total Received
01	09/30/16			-	-	-	-
01	06/30/16			-	-	-	-
01	03/31/16			-	-	-	-
01	12/31/15			230	498,332	-	498,562
01	09/30/15			-	1,591	480,162	481,753
01	06/30/15			6,586	52	510,230	516,868
01	03/31/15			-	17,019	469,822	486,841
01	12/31/14			-	-	658,427	658,427
01	09/30/14			-	-	892,830	892,830
01	06/30/14			-	-	259,178	259,178
01	03/31/14			-	-	206,522	206,522
01	12/31/13			-	-	329,673	329,673
01	09/30/13	-	-	-	-	312,368	312,368
01	06/30/13	-	-	-	72,031	228,031	300,063
01	03/31/13	-	-	-	192,203	85,212	277,414
01	12/31/12	-	8,425	-	55,711	180,257	235,968
01	09/30/12	42,732	154,893	-	55,618	179,596	235,214
01	06/30/12	128,332	189,075	48,477	1,460	186,734	236,671
01	03/31/12	62,960	209,367	86,319	87,035	47,757	221,111
01	12/31/11	60,274	251,590	139,785	71,128	49,779	260,692
01	09/30/11	97,862	256,932	135,665	120	130,242	266,027
01	06/30/11	84,424	237,911	108,307	102,649	28,255	239,211
01	03/31/11	43,801	226,171	112,403	-	110,096	222,499
01	12/31/10	56,775	230,629	90,940	33,646	106,037	230,623
01	09/30/10	-	253,100	68,852	41,677	143,914	254,443
01	06/30/10	78,319	269,341	72,513	132,182	64,646	269,341

B. Risk Sharing Receivables - No Change

29. Participating Policies  
No Significant Change
30. Premium Deficiency Reserves  
No Significant Change
31. Anticipated Salvage and Subrogation  
No Significant Change



GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[ ] No[ ] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[ ] No[X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[ ]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[ ] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes[ ] No[ ] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2015
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2012
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/24/2014
- 6.4 By what department or departments?

Michigan Department of Insurance and Financial Services
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[X] No[ ] N/A[ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[ ] N/A[ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[ ] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
		Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

Yes[X] No[ ]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 1,846,552

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[X] No[ ]
- 11.2 If yes, give full and complete information relating thereto:

Short Term Investments includes an amount (\$1,219,387) held in a safekeeping trust account with the State of Michigan as required by the Department of Insurance & Financial Services
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0

**GENERAL INTERROGATORIES (Continued)**

**INVESTMENT**

13. Amount of real estate and mortgages held in short-term investments:

\$ ..... 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[ ]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....		
14.22 Preferred Stock .....		
14.23 Common Stock .....	5,861,981	18,591,523
14.24 Short-Term Investments .....		
14.25 Mortgages Loans on Real Estate .....		
14.26 All Other .....		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	5,861,981	18,591,523
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[ ] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement.

Yes[ ] No[ ] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page

\$ ..... 0  
\$ ..... 0  
\$ ..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[ ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
JPMORGAN CHASE BANK, NA .....	1111 POLARIS PARKWAY, COLUMBUS OH 43240

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[ ] No[X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....	.....	.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[ ]

18.2 If no, list exceptions:

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:	
1.1 A&H loss percent	88.600%
1.2 A&H cost containment percent	0.150%
1.3 A&H expense percent excluding cost containment expenses	9.480%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Affiliates</b>								
11835 .....	04-1590940 .....	..... 01/01/2016 .....	PARTNERRE AMER INS CO .....	DE .....	..... SSL/L/I .....	Authorized .....	..... 1 .....	08/03/2015 .....

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

**Current Year to Date - Allocated by States and Territories**

		1	Direct Business Only						
			2	3	4	5	6	7	8
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7
1.	Alabama (AL) .....	N							
2.	Alaska (AK) .....	N							
3.	Arizona (AZ) .....	N							
4.	Arkansas (AR) .....	N							
5.	California (CA) .....	N							
6.	Colorado (CO) .....	N							
7.	Connecticut (CT) .....	N							
8.	Delaware (DE) .....	N							
9.	District of Columbia (DC) .....	N							
10.	Florida (FL) .....	N							
11.	Georgia (GA) .....	N							
12.	Hawaii (HI) .....	N							
13.	Idaho (ID) .....	N							
14.	Illinois (IL) .....	N							
15.	Indiana (IN) .....	N							
16.	Iowa (IA) .....	N							
17.	Kansas (KS) .....	N							
18.	Kentucky (KY) .....	N							
19.	Louisiana (LA) .....	N							
20.	Maine (ME) .....	N							
21.	Maryland (MD) .....	N							
22.	Massachusetts (MA) .....	N							
23.	Michigan (MI) .....	L	46,386,811	3,516,999	663,350,958				713,254,767
24.	Minnesota (MN) .....	N							
25.	Mississippi (MS) .....	N							
26.	Missouri (MO) .....	N							
27.	Montana (MT) .....	N							
28.	Nebraska (NE) .....	N							
29.	Nevada (NV) .....	N							
30.	New Hampshire (NH) .....	N							
31.	New Jersey (NJ) .....	N							
32.	New Mexico (NM) .....	N							
33.	New York (NY) .....	N							
34.	North Carolina (NC) .....	N							
35.	North Dakota (ND) .....	N							
36.	Ohio (OH) .....	N							
37.	Oklahoma (OK) .....	N							
38.	Oregon (OR) .....	N							
39.	Pennsylvania (PA) .....	N							
40.	Rhode Island (RI) .....	N							
41.	South Carolina (SC) .....	N							
42.	South Dakota (SD) .....	N							
43.	Tennessee (TN) .....	N							
44.	Texas (TX) .....	N							
45.	Utah (UT) .....	N							
46.	Vermont (VT) .....	N							
47.	Virginia (VA) .....	N							
48.	Washington (WA) .....	N							
49.	West Virginia (WV) .....	N							
50.	Wisconsin (WI) .....	N							
51.	Wyoming (WY) .....	N							
52.	American Samoa (AS) .....	N							
53.	Guam (GU) .....	N							
54.	Puerto Rico (PR) .....	N							
55.	U.S. Virgin Islands (VI) .....	N							
56.	Northern Mariana Islands (MP) .....	N							
57.	Canada (CAN) .....	N							
58.	Aggregate other alien (OT) .....	X X X							
59.	Subtotal .....	X X X	46,386,811	3,516,999	663,350,958				713,254,767
60.	Reporting entity contributions for Employee Benefit Plans .....	X X X							
61.	Total (Direct Business) .....	(a)..... 1	46,386,811	3,516,999	663,350,958				713,254,767
DETAILS OF WRITE-INS									
58001.	.....	X X X							
58002.	.....	X X X							
58003.	.....	X X X							
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	X X X							
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	X X X							

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

McLaren Health Care Corporation



Q15

McLaren Health Care 38-2397643 (MI) 100%	McLaren Greater Lansing 38-1434090 (MI) 100%	McLaren Northern MI 38-2146751 (MI) 100%	McLaren Bay Region 38-1976271 (MI) 100%	McLaren Central MI 38-1420304 (MI) 100%	McLaren Macomb 38-1218516 (MI) 100%	McLaren Oakland 38-1428164 (MI) 100%	McLaren Flint 38-2383119 (MI) 100%	McLaren Lapeer 38-2689033 (MI) 100%	Karmanos Cancer Institute 38-1613280 (MI) 100%	McLaren Port Huron 38-1369611 (MI) 100%	McLaren Medical Group 38-2988086 (MI) 100%	McLaren Homecare Group 38-3491714 (MI) 100%	McLaren Health Plan 38-3252216 (MI) 100% Group Code: 4700 NAIC: 95562
McLaren HC Village 26-2693350 (MI) 100%	McLaren Lansing Foundation 38-2463637 (MI) 100%	McLaren Northern MI Foundation 38-2445611 (MI) 100%	McLaren Bay Special Care 38-3161753 (MI) 100%	Meridian Ventures 38-3226022 (MI) 100%	McLaren Macomb Foundation 38-2578873 (MI) 100%	McLaren Riley Foundation 20-0442217 (MI) 100%	McLaren Flint Foundation 38-1358053 (MI) 100%	McLaren Lapeer Foundation 38-2689603 (MI) 100%	Karmanos Cancer Center 20-1649466 (MI) 100%	McLaren Port Huron Foundation 38-2777750 (MI) 100%	Mid-MI Physicians 38-3267121 (MI) 100%	Hospice and Homecare Foundation 46-3643089 (MI) 100%	McLaren Health Advantage 91-214720 (MI) 100%
Great Lakes Cancer Institute 38-3584572 (MI) 100%		VitalCare, Inc. 38-2527255 (MI) 100%	McLaren Bay Medical Foundation 38-2156534 (MI) 100%			McLaren Physician Partners 38-3136458 (MI) 100%	McLaren Hospitality House 45-5567669 (MI) 100%		Michigan Cancer Society 38-2823451 (MI) 100%	Marwood Manor Nursing 38-2683251 (MI) 100%			McLaren Health Plan Community 27-2204037 (MI) 100% Group Code: 4700 NAIC: 14217
		NMI Medical Management 20-8458840 (MI) 100%				Hospital Health Care 38-2643070 (MI) 100%			Delphinus Investments Inc. 45-4758176 (MI) 100%	Parkview Property Management 38-2467310 (MI) 100%			
		NMI Hematology/Oncology 32-0020293 (MI) 100%								Willow Enterprises 38-2491659 (MI) 100%			
		Cardiac Institute 26-2774689 (MI) 100%											
		Charlevoix Nursing Home 38-3038683 (MI) 100%										McLaren Insurance Company LTD. (CYM) 100%	
		Rapin & Rapin Prescription Services Pharmacy 38-3465261 (MI) 100%											

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
		00000	38-2397643				McLaren HealthCare Corp	MI	UDP					
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2156534				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1976271				Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3161753				Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hosital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hosital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2643070				Hospital Health Care	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3136458				McLaren Physician Partners	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	
		00000	45-5567669				McLaren Hospitality House	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Q16.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
4700	McLaren Health Plan	00000	38-2689033				Lapeer Regional Medical Center DBA	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2689603				McLaren Lapeer Region	MI	NIA	Lapeer Regional Medical Center DBA	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1369611				McLaren Lapeer Foundation	MI	NIA	McLaren Lapeer Region	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2777750				McLaren Port Huron	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2683251				McLaren Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2467310				Marwood Manor Nursing	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2491659				Parkview Property Management	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2988086				Willow Enterprises	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2988086				McLaren Medical Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3267121				Mid-Michigan Physicians	MI	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				Visiting Nurse Services of Michigan DBA	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	46-3643089				McLaren Homecare Group	MI	NIA	Visiting Nurse Services of Michigan DBA	Ownership	100.0	McLaren Health Care Corporation	
		95562	38-3252216				Hospice and Homecare Foundation	MI	NIA	McLaren Homecare Group	Ownership	100.0	McLaren Health Care Corporation	
		14217	27-2204037				McLaren Health Plan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	
							McLaren Health Plan Community	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	
		00000	91-2141720				Health Advantage Inc.	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	
		00000					McLaren Insurance Company LTD.	CYM	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	

Asterisk	Explanation
0000001	



# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



**OVERFLOW PAGE FOR WRITE-INS**

**ASSETS**

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1104. OTHER INVESTMENT DEFERRED COMPENSATION .....	95,682		95,682	38,289
1105. SELF INS TRUST FUND CTF .....	168,418		168,418	114,766
1106. RISK CORRIDOR RECEIVABLE .....	5,147,267	5,145,459	1,808	9,424
1107. ACCOUNTS RECEIVABLE - RISK ADJUSTMENT .....	650,461		650,461	8,592
1108. PREPAID DENTAL EXPENSES .....	67,666	67,666		64,981
1109. PREPAID RENT EXPENSES .....	37,474	37,474		36,922
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	6,166,968	5,250,599	916,369	272,973
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....				

STATEMENT AS OF **September 30, 2016** OF THE **McLAREN HEALTH PLAN, INC**  
**SCHEDULE A - VERIFICATION**

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	2,377,993	2,282,474
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....	644,378	304,752
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		(791)
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other-than-temporary impairment recognized .....		
8. Deduct current year's depreciation .....	198,387	208,442
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8 ) .....	2,823,985	2,377,993
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....	2,823,985	2,377,993

**SCHEDULE B - VERIFICATION**

Mortgage Loans		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest poin		
9. Total foreign exchange change in book value/recorded inve		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....		

**SCHEDULE D - VERIFICATION**

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	27,544,124	27,764,876
2. Cost of bonds and stocks acquired .....	15,202,954	306,773
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....	(1,786,912)	(212,241)
5. Total gain (loss) on disposals .....	6	7
6. Deduct consideration for bonds and stocks disposed of .....	3,898	315,148
7. Deduct amortization of premium .....		143
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	40,956,274	27,544,124
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	40,956,274	27,544,124

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**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	113,390,011		17,813,671		142,447,393	113,390,011	95,576,339	184,377,164
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	113,390,011		17,813,671		142,447,393	113,390,011	95,576,339	184,377,164
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	113,390,011		17,813,671		142,447,393	113,390,011	95,576,339	184,377,164

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

**SCHEDULE DA - PART 1**

**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2  Par Value	3  Actual Cost	4  Interest Collected Year To Date	5  Paid for Accrued Interest Year To Date
9199999. Totals .....	95,576,339	X X X	95,576,339		

**SCHEDULE DA - Verification**

**Short-Term Investments**

		1  Year To Date	2  Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	184,377,164	129,097,239
2.	Cost of short-term investments acquired .....		55,279,925
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....	88,800,825	
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other than temporary impairment recognized ....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	95,576,339	184,377,164
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	95,576,339	184,377,164

**SI04 Schedule DB - Part A Verification ..... NONE**

**SI04 Schedule DB - Part B Verification ..... NONE**

**SI05 Schedule DB Part C Section 1 ..... NONE**

**SI06 Schedule DB Part C Section 2 ..... NONE**

**SI07 Schedule DB - Verification ..... NONE**

**SCHEDULE E - Verification**  
**(Cash Equivalents)**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	21,377,601	21,383,661
2.	Cost of cash equivalents acquired .....		
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....	21,377,601	
7.	Deduct amortization of premium .....		6,060
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other than temporary impairment recognized ....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....		21,377,601
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....		21,377,601

**SCHEDULE A - PART 2**

**Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter**

1	Location		4	5	6	7	8	9
	2	3						
	Description of Property	City						
0399999 Totals .....					.....	.....	.....	.....

**SCHEDULE A - PART 3**

**Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"**

1  Description of Property	Location		4  Disposal Date	5  Name of Purchaser	6  Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2  City	3  State						9 Current Year's Depreciation	10 Current Year's Other-Than- Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B/A C.V. (11 - 9 - 10)	13 Total Foreign Exchange Change in B/A C.V.							
								N O N E											
0399999 Totals .....					.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

QE01



**E02   Schedule B Part 2   ..... NONE**

**E02   Schedule B Part 3   ..... NONE**

**E03   Schedule BA Part 2   ..... NONE**

**E03   Schedule BA Part 3   ..... NONE**

**SCHEDULE D - PART 3**

**Show All Long-Term Bonds and Stock Acquired During the Current Quarter**

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
<b>Common Stocks - Industrial and Miscellaneous (Unaffiliated)</b>									
922908108	VANGUARD S&P 500 INDEX		09/13/2016	JPMorgan	56.037	11,161	X X X		K
921937678	VANGUARD TAX MANAGED FUND		09/13/2016	JPMorgan	218.578	2,616	X X X		K
922042304	VANGUARD EMERGING MARKETS		09/13/2016	JPMorgan	249.977	5,907	X X X		K
922908702	VANGUARD SMALL CAP INDEX		09/20/2016	JPMorgan	45.217	2,605	X X X		K
922908843	VANGUARD MIDCAP INDEX		09/20/2016	JPMorgan	64.923	2,250	X X X		K
9099999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)				X X X	24,539	X X X		X X X
<b>Common Stocks - Mutual Funds</b>									
4812C0167	JPMorgan Mutual Short Duration Bond Fund		07/28/2016	JPMorgan	1,462.957	15,961	X X X		L
4812C0167	JPMorgan Mutual Short Duration Bond Fund		08/30/2016	JPMorgan	1,319.044	14,378	X X X		L
4812C0167	JPMorgan Mutual Short Duration Bond Fund		09/29/2016	JPMorgan	1,173.422	12,790	X X X		L
9299999	Subtotal - Common Stocks - Mutual Funds				X X X	43,129	X X X		X X X
9799997	Subtotal - Common Stocks - Part 3				X X X	67,668	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	67,668	X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	67,668	X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	67,668	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

QE04

**SCHEDULE D - PART 4**  
**Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of**  
**During the Current Quarter**

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>Common Stocks - Mutual Funds</b>																					
4812C0167	JPMorgan Mutual Short Duration Bond Fund		07/14/2016	JP Morgan	39.940	436	...	434							434		2	2		...	L
4812C0167	JPMorgan Mutual Short Duration Bond Fund		08/16/2016	JP Morgan	39.975	436	...	434							434		2	2		...	L
4812C0167	JPMorgan Mutual Short Duration Bond Fund		09/14/2016	JP Morgan	39.934	435	...	434							434		1	1		...	L
9299999	Subtotal - Common Stocks - Mutual Funds				...	1,307	...	1,302							1,302		5	5		...	...
9799997	Subtotal - Common Stocks - Part 4				...	1,307	...	1,302							1,302		5	5		...	...
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9799999	Subtotal - Common Stocks				...	1,307	...	1,302							1,302		5	5		...	...
9899999	Subtotal - Preferred and Common Stocks				...	1,307	...	1,302							1,302		5	5		...	...
9999999	Total - Bonds, Preferred and Common Stocks				...	1,307	...	1,302							1,302		5	5		...	...

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

**E06   Schedule DB Part A Section 1 ..... NONE**

**E07   Schedule DB Part B Section 1 ..... NONE**

**E08   Schedule DB Part D Section 1 ..... NONE**

**E09   Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity ..... NONE**

**E09   Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity ..... NONE**

**E10   Schedule DL - Part 1 - Securities Lending Collateral Assets ..... NONE**

**E11   Schedule DL - Part 2 - Securities Lending Collateral Assets ..... NONE**

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	During Current Quarter			*
							6	7	8	
							First Month	Second Month	Third Month	
open depositories										
JPMORGAN, CHASE .....	FLINT, MICHIGAN .....	09/30/2016 .....					( 11,215,158)	139,864,506	61,079,946	X X X
FIFTH THIRD BANK .....	MICHIGAN .....	09/30/2016 .....								X X X
HUNTINGTON BANK .....	OHIO .....	09/30/2016 .....								X X X
INDEPENDENT BANK .....	MICHIGAN .....	09/30/2016 .....					242,020	242,260	242,332	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X			(10,973,138)	140,106,766	61,322,278	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit .....			X X X	X X X			(10,973,138)	140,106,766	61,322,278	X X X
0499999 Cash in Company's Office .....			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash .....			X X X	X X X			(10,973,138)	140,106,766	61,322,278	X X X

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
7799999 Subtotals - Bonds - Total Bonds - Issuer Obligations .....					.....	.....	.....
7899999 Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities .....					.....	.....	.....
7999999 Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities .....					.....	.....	.....
8099999 Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities .....					.....	.....	.....
8399999 Subtotals - Bonds - Total Bonds .....					.....	.....	.....
8499999 Sweep Accounts .....					.....	.....	.....
8599999 Other Cash Equivalents .....					.....	.....	.....
8699999 Total - Cash Equivalents .....					.....	.....	.....



**MEDICARE PART D COVERAGE SUPPLEMENT**  
**(Net of Reinsurance)**

NAIC Group Code: 4700

NAIC Company Code: 95562

		Individual Coverage		Group Coverage		5
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1.	Premiums Collected .....		..... X X X .....		..... X X X .....	
2.	Earned Premiums .....		..... X X X .....		..... X X X .....	..... X X X .....
3.	Claims Paid .....		..... X X X .....		..... X X X .....	
4.	Claims Incurred .....		..... X X X .....		..... X X X .....	..... X X X .....
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims	NONE				
	Paid Net of Reimbursements Applied (a) .....			..... X X X .....		
6.	Aggregate Policy Reserves - change .....				..... X X X .....	..... X X X .....
7.	Expenses Paid .....				..... X X X .....	
8.	Expenses Incurred .....		..... X X X .....		..... X X X .....	..... X X X .....
9.	Underwriting Gain or Loss .....		..... X X X .....		..... X X X .....	..... X X X .....
10.	Cash Flow Results .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS